

IN PATIENT SUMMARY BILL

UHID : MMH202481315

IP No : IP2024002056

Patient name : Mr.RANJIT DAS

Age : 53 Y 8 M 7 D/Male

Consultant Name : Dr.VISHNUBABU.G

Bill No : MMH/MH/IP202401993

Bill Date : 19/09/2024

DOA : 16/9/2024 11:14AM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 1,650.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,125.00
4	LABORATORY	₹ 126.00
5	NURSING CHARGE	₹ 1,200.00
6	OPERATION THEATRE CHARGES	₹ 3,500.00
7	PHARMACY CHARGE	₹ 11,837.00
8	PROFESSIONAL TEAM FEES	₹ 42,212.00
Gross Amount		₹ 62,000.00
Net Payable		₹ 62,000.00
Advance Amount		₹ 17,000.00
Received Amount		₹ 45,000.00

Received Amount in Words : Sixty-Two Thousand Only

SATHISH KUMAR.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/16/2024	MMH/MH/RECH202403610	CARD	Advance Amount	17,000.00
2	9/19/2024	MMH/MH/REDH202420605	CARD	Collected Amount	45,000.00